

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
Sarah Edmondson et al

Plaintiff,

-against-
Keith Raniere et al

Defendant(s).
-----X



ORIGINAL



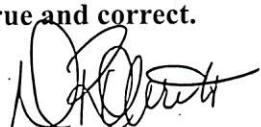
APPLICATION FOR THE COURT TO
REQUEST COUNSEL

20 CV 485 ()



1. Name of applicant Danielle Roberts
2. Explain why you feel you need a lawyer in this case. (Use additional paper if necessary.)
This is a complex, high profile case with multiple parties involved. These are serious,
though non-specific, allegations with significant financial consequences if not addressed properly.
These issues need proper legal training and attention to be addressed appropriately.
3. Explain what steps you have taken to find an attorney and with what results. (Use additional paper if necessary.)
See attached
4. If you need a lawyer who speaks in a language other than English, state what language you speak:
NA
5. I understand that if a lawyer volunteers to represent me and my lawyer learns that I can afford to pay for a lawyer, the lawyer may give this information to the Court. I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.
6. I understand that if my answers on my Request to Proceed *In Forma Pauperis* are false, my case may be dismissed.
7. **I declare under penalty of perjury that the foregoing is true and correct.**

Dated: 10/27/2021


Signature

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

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**REQUEST TO PROCEED
IN FORMA PAUPERIS
IN SUPPORT OF THE
APPLICATION FOR THE COURT TO
REQUEST COUNSEL**

20 CV **485** ()

I, **Danielle Roberts** (print or type your name) am the plaintiff/defendant in the above-entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed, give the name and address of your employer and state the amount of earnings per month.

No I am not. I have no income at the moment.

2. If you are not presently employed, state the date you were last employed and your earnings per month at that time. **You must answer this question even if you are incarcerated.**

See attached

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

1/2021 - SBA economic disaster loan \$33k

a) Are you receiving any public benefits?

☒ No ☐ Yes, \$ _____

b) Do you receive any income from any other source?

☒ No ☐ Yes, \$ _____

4. Do you have any money, including money in a checking or savings account? If so, how much?
None in savings, approximately 2k in checking account left from last months work to pay this months bills

5. Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other valuable property? If the answer is yes, describe the property and state its approximate value.
☐ No ☒ Yes, \$ my car. value 6k

6. Do you pay for rent or for a mortgage? If so, how much each month?
☒ No ☐ Yes, \$ _____

7. List the person(s) that you pay money to support and the amount you pay each month.
no dependents

8. State any special circumstances which the Court should consider.
The high profile nature of this case has destroyed my reputation and made it exceedingly difficult to find meaningful work,
especially of the caliber that would provide for the legal expenses that are demanded in complex cases such as these.

Please consider this.

I understand that the Court may dismiss this case if I give a false answer to any question in this declaration.

I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 10/27/2021



Signature

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AFFIRMATION OF SERVICE

20 CV **485** ()

Defendant(s).

----- X

I, **Danielle Roberts** (print or type your name), declare under penalty of

perjury that I have served a copy of the attached Application for the Court to Request Counsel upon the
defendant(s) or the attorney for defendant(s) **Danielle Roberts**

4120 S. Lake Drive, St. Francis WI, 53235
whose address is:

by electronic submission through the pro se office in the Eastern district of the federal court
(describe how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: **10/27/2021**


Signature

Address

4120 S. Lake Drive.

St. Francis, WI, 53235

City, State & Zip Code